



**Podiatrists Board
of New Zealand**

Te Poari Tiaki Waewae O Aotearoa

Annual Report

1 April 2021 – 31 March 2022





Podiatrists Board of New Zealand Annual Report 2021-2022

We are pleased to present this report for the year ending 31 March 2022 to the Minister of Health and it is presented in accordance with section 134(1) of the Health Practitioners Competence Assurance Act 2003.

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Governance

Chair's Report

Te Tiriti compliant Responsible Authority

The Podiatrists Board of New Zealand (the Board) continue to work towards ensuring we become a Te Tiriti compliant Responsible Authority (RA). We recognise that our partnership with iwi and Māori underpins our principles and everything we do. Importantly, the principles that we consider relevant to our work are premised on the most recent Waitangi Tribunal Claim – Wai 2575: the Health Services and Outcomes Inquiry. Subsequently the Board are committed to; (1) ensuring Māori are represented in leadership and management roles throughout the organisation, (2) working in partnership with Māori in the design and the implementation of our regulatory work, (3) setting standards that require Podiatrists to demonstrate culturally safe care, and care that is responsive to Te Tiriti o Waitangi, and (4) actively protecting Māori rights and interests as part of our policy and standard setting work.

Performance Review

The Manatū Hauora/Ministry of Health's 5 yearly, systems and processes review of the Boards performance and functions under section 118 of the Health Practitioners Assurance Act 2003 (the Act) occurred on 2 December 2021. Following extensive preparation and self-analysis by the Board prior to this review we were very pleased with the outcome and recommendations. We felt these accurately reflected the Boards efforts, achievements, and our aspirations for the next reporting period. The actions taken by this Board to implement the recommendations are discussed in more depth later in this Annual Report.

Health Workforce Initiatives

The Board organised a Podiatry Workforce Planning Hui on 9 February 2022, inviting the Chief Allied Health Professions Officer and the Manatū Hauora Analytics and Intelligence, Health Workforce team, along with representatives from all podiatry stakeholder organisations. The aim was to discuss initiatives to improve the visibility of the profession and access to podiatry. One of the solutions that arose from this meeting was the development of a pathway for Foot Care Assistants (FCA). It is pleasing to see that Auckland University of Technology (AUT) and Te Whatu Ora Te Tai Tokerau have combined to develop potential employment pathways and education for FCAs.

The Board have been working closely with the Manatū Hauora's Analytics and Intelligence, Health Workforce team to coordinate the collection and analysis of credible data in support of initiatives to boost the podiatry workforce. Alarming, following workforce modelling there is predicted to be only 50 more podiatrists in 10 years. This is an obvious concern as the number of people with chronic diseases that benefit from podiatric interventions will only increase. There is a definite need to see an increase in the number of podiatrists in New Zealand. Subsequently, we were pleased to see Podiatry placed on the new Immigration Green List for the Work to Residency Pathway earlier this year.

Board member changes

The Board currently remains at full strength, and we are awaiting the appointment/re-appointment of two practitioner members whose terms expired on 9 April 2022. We must extend our thanks in advance to Steve York for his outstanding contribution over the three terms he has served on the Board and for providing exceptional leadership and cultural guidance.

Project work

The major project for the Board for the 2021/2022 year has been the preparation and final submission of the application for consideration of Independent Prescribing Authority for Podiatrists. This was the largest project undertaken in many years by the Board and the application is now with Manatū Hauora, who will undertake their own regulatory Impact process. If designated prescribing for Podiatrists is approved, it will fully utilise their training and professional skills to improve patient care, choices, and outcomes within the new healthcare model.

Our sole education provider, AUT was granted full 5-year accreditation in May 2018. The accreditation was conducted by the Australia and New Zealand Accreditation Council (ANZPAC) for the Board. As ANZPAC was disestablished in June 2019, the Board have developed a new accreditation assessment process for New Zealand entry-level podiatry programmes. The podiatry programme offered by AUT will undergo accreditation in July 2023.

The Board have also initiated Initial discussions with AUT and Podiatry New Zealand, our Professional Association, for a proposed Tuakana-Teina mentoring programme for all New Zealand Podiatry graduates. The aim of this initiative is to support new graduates in their first two critical years after graduation enabling mutual reflection, learning, and growing of both Tuakana and Teina. Once implemented, we would then plan to extend the programme to the wider profession at a later date.

Professional engagement

The Board continues to meet with key stakeholders throughout our annual meeting cycle, including representatives from AUT Department of Podiatry, Podiatry New Zealand, the Podiatry Board of Australia, ACC, other RAs, and Manatū Hauora. We are delighted to finally have plans back in place to host the Podiatry Board of Australia later this year in Wellington to discuss many topics of mutual interest such as, regulating during the pandemic, cultural safety, professional capabilities, accreditation standards and scheduled medicines.



Dr Matthew Carroll

Chair

**Te Poari Tiaki Waewae O Aotearoa
Podiatrists Board of New Zealand**

Our Functions

The Board is an appointed body corporate in accordance with the Act. As an Authority under the Act the Board is responsible for the registration and oversight of podiatry practitioners. The functions of the Board are listed in section 118 of the Act:

- a. To prescribe the qualifications required for scopes of practice within the profession, and for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes
- b. To authorise the registration of health practitioners under the Act, and to maintain registers
- c. To consider applications for annual practising certificates (APC's)
- d. To review and promote the competence of health practitioners
- e. To recognise, accredit and set programmes to ensure the ongoing competence of health practitioners
- f. To receive information from any person about the practice, conduct, or competence of health practitioners and, if it is appropriate to do so, act on that information
- g. To notify employers, the Accident Compensation Corporation, the Director-General of Health, and the Health and Disability Commissioner that the practice of a health practitioner may pose a risk of harm to the public
- h. To consider the cases of health practitioners who may be unable to perform the function required for the practice of the profession
- i. To set standards of clinical competence, cultural competence (including competencies that will enable effective and respectful interaction with Māori), and ethical conduct to be observed by health practitioners of the profession
- j. To liaise with other authorities appointed under the Act about matters of common interest
- ja. To promote and facilitate inter-disciplinary collaboration and co-operation in the delivery of health services
- k. To promote education and training in the profession
- l. To promote public awareness of the responsibilities of the authority
- m. To exercise and perform any other functions, powers, and duties that are conferred or imposed on it by or under this Act or any other enactment





Our Mission

To protect the public through effective regulation of the podiatry profession.

Our Vision

The podiatry profession practises in a way that maximises public well-being through its emphasis on being culturally competent, clinically safe, adaptable, and ethical.

Our Values

- Consistent, fair, and transparent
- Respect for cultural diversity

Strategic Goals

- Effective implementation of the HPCA Act 2003
- Te Tiriti compliant Responsible Authority
- Ensure cultural competence and cultural safety for Māori
- Develop standards and guidance that reflect the changing health environment and ensure that cultural competence and safety is woven into all areas of practice and regulation
- Designated Prescribing Rights for Podiatrists
- Develop Tuakana-Teina Mentoring Programme for new graduates
- Increase Māori and Pasifika membership of Board
- Health Workforce initiatives in support of practitioner recruitment and health equity
- Operate under effective and best practice governance
- Robust financial systems
- Promote awareness of the Board's role and build effective, enduring relationships with all stakeholders

Board Members



Dr Matt Carroll, Chair



Belinda Ihaka, Deputy Chair



Steve York



Rebecca Holbrook



Chris Rewi-Wetini



Elson Ng



Kellie McGrath
(Lay member)



Alex Delany
(Lay member)



Sandi Gale,

Registrar

Board Meetings

The Board held four meetings during the 2021-2022 reporting year:

- 27 - 28 May 2021
- 5 - 6 August 2021
- 11 November 2021 (via zoom), and
- 11 - 12 February 2022

Board Member Fee

Chair:

\$800 per day/ \$100 per hour
(plus \$15,000 annual honorarium)

Deputy Chair:

\$600 per day/ \$75 per hour
(plus \$3,000 annual honorarium)

Other Board Members:

\$600 per day/ \$75 per hour

Manatū Hauora/ The Ministry of Health 5-Yearly Performance Review

This took place on 2 December 2021, and it is the Manatū Hauora's 5 yearly, systems and processes review of how this Board perform our functions under section 118 of the Act. The Board undertook an extensive amount of preparation and self-analysis prior to this review to ensure it was a valuable and productive process for all concerned. We were very pleased with the outcome and recommendations which we felt accurately reflected the Boards efforts and achievements, and also reflected our aspirations for the next reporting period. The Performance Review Report recommendations and actions taken by this Board to implement those recommendations are as follows:

Performance Review Report – Recommendations

- continuing to develop an alternative process for the next accreditation, that is due in July 2023, and consider the New Zealand context and cultural safety with Ahpra along with an ongoing monitoring framework for annual reporting,
- that the Board's accreditation processes include taking appropriate action where concerns are identified,

Action:

Te Poari Tiaki Waewae O Aotearoa/
Podiatrists Board of New Zealand
Accreditation assessment tool for New Zealand entry-level podiatry programmes has been developed for the next AUT accreditation, due in July 2023. This new accreditation process includes guidance on appropriate action where concerns are identified.

- continuing the mahi for developing cultural competence standards and cultural safety for Māori that that can be embedded into the Boards Principles and Standards for the Practice of Podiatry in New Zealand (PSPPNZ) and Ethical Codes and Standards of Conduct, and
- to continue the journey for the Board working as a Tiriti engaged organisation for Māori participation and leadership representation to work in partnership in design, implementation, standards, and policy.

Action:

The Board are about to embark on a review of our Principles and Standards for the Practice of Podiatry in New Zealand and Ethical Principles and Standard of Conduct documents. An important aspect of this review will be ensuring cultural competence and cultural safety for Māori are embedded in these documents. Alongside this, we will also be considering the compulsory cultural safety element of our Continuing Professional Development (CPD) Recertification Policy and moving away from a time-based approach to cultural safety CPD towards a system that ensures cultural competence and cultural safety is woven across all areas of our CPD Recertification Programme.

Action:

The Board have initiated discussions with AUT and Podiatry New Zealand, our Professional Association, for a proposed Tuakana-Teina mentoring programme for all New Zealand podiatry graduates. The aim is to support new graduates in their first two critical years after graduation enabling mutual reflection, learning, and growing of both Tuakana and Teina. Once implemented, the programme will be extended to the wider profession at a later date.

Action:

The Board are embarking on a recruitment drive to attract more Māori and Pasifika podiatrists to apply for membership of the Board in support of increasing Māori and Pasifika representation.

This performance review also identified the following:

- if the APC form could be clearer and more specific about the fitness to practice declaration.

Action:

The APC application form has been revised to remove any ambiguity in the fitness to practice declaration.

- to consider whether a New Zealand cultural requirement is needed for TTMRA registration,

Action:

The current Cultural Open Book Exam (COBE) is required for all overseas applicants and for any return to practice applicants with 5 years+ non-practising status. A version of the COBE will also now be implemented for all TTMR registration candidates in accordance with the Performance Review Report recommendation. The Board has updated the COBE to reflect the recent changes in the Aotearoa New Zealand health system. We are also in the process of adapting the current exam to a more interactive platform for future applicants which will coincide with the refresh of our current website later this year.

- that a risk register approach could be considered that applies a methodology to record, assess and prioritise risks and would be updated and saved on an ongoing basis, and
- a need to update references to privacy legislation in identified policies to refer to the Privacy Act 2020.

Action:

A regularly reviewed Risk Register has been developed to record, assess, and prioritise risks.

Action:

All references to privacy legislation have been updated to refer to the Privacy Act 2020.

Application for Designated Prescribing Rights for Podiatrists

The major project for the Board for the 2021/2022 year has been the ongoing preparation and final submission of the application for consideration of Independent Prescribing Authority for Podiatrists. This was the largest project undertaken in many years by the Board and the application is now with Manatū Hauora/The Ministry of Health who will undertake their own regulatory Impact process. If Podiatrist prescribing is approved, it will fully utilise their training and professional skills to improve patient care, choices, and outcomes within the new healthcare model.

Following an extensive consultation process, this application proposes that registered and appropriately trained Podiatrists are extended designated prescribing rights, which will allow them to prescribe carefully researched and specified prescription medicines. The specified prescription medicines this would allow Podiatrists in New Zealand to prescribe are a carefully selected and limited range of medicines and include:

- Analgesics
- Antibacterials
- Skin preparations (including Antiseptics, Antifungals, Corticosteroids, Emollients and Parasitocidal preparations)
- Local anaesthetics
- Blood glucose monitoring

The Board has undertaken a substantial amount of work to ensure that this proposal has been developed in consideration of the highest level of safety and patient care within the New Zealand context. This has included the creation of a Podiatrist Prescriber Course and competency framework for safe prescribing, including ongoing competencies for prescribing and guidelines for prescribing of the specific medicines. Other foundation work is well underway and includes guidelines for CPD and a review of governance and regulatory processes, in conjunction with an established complaints and reporting process.

To provide context, this is similar to the medicines prescribed by Podiatrists in Australia, and more limited than those prescribed by Podiatrists in the UK. This proposal is also in line with other designated prescribers in New Zealand, which include Pharmacist prescriber, Dietician prescriber and Diabetes nurse prescriber.

The rationale for Podiatrist prescribing is to fully utilise their training and professional skills to improve patient care, choices, and outcomes within the new healthcare model, thus reducing duplication and inefficiencies by streamlining service delivery, reducing unnecessary appointment, and waiting lists, without compromising patient safety.

Overall, the introduction of independent prescribing by Podiatrists will:

- improve equity in the accessing of healthcare by making it easier for patients to obtain the medicines they need
- improve the quality of service to patients/public without compromising patient safety
- demonstrate value for money by improving patient access and choice, reducing duplication and inefficiencies, and streamlining service delivery
- increase patient choice and convenience in accessing medicines
- free up the time of doctors to conduct other clinical work
- potentially reduce unnecessary appointments and waiting lists
- contribute to the introduction of more flexible, collaborative team working
- maximise the benefits of fully utilising diverse professional skills

The challenge is clear, New Zealand has a diverse population with a history of experiencing significantly different health outcomes and these inequities are not acceptable. This means that Māori do not experience the benefits from the health system in the same way as non-Māori and this simply must change. Every person in New Zealand needs to access funded medicines, as early and as easily as possible. But we cannot achieve change alone – it requires committed collaboration across the whole health system. Podiatrists are well placed to assist in the improvement of primary and community services through new models of care in support of the transformation of Aotearoa New Zealand's public health system.

The impact of COVID-19

This will continue to have ramifications for the rest of 2022 and beyond and the Board remain closely engaged with Manatū Hauora/ The Ministry of Health and Podiatry New Zealand to ensure that registered podiatrists receive the most up to date COVID guidance, enabling the profession to respond effectively and safely.

It was also very pleasing to see Podiatrists initially authorised as Provisional Vaccinators alongside the development of the new Vaccinating Health Worker (VHW) workforce and this reinforces the important role Podiatrists have to play in the New Zealand health system.



Registration and Practising Certificates (APC'S)

In order to meet its role of protecting the public, the Board must ensure that all podiatrists who are registered, meet the standard required for safe and competent practice. Every Podiatrist who wishes to practice in New Zealand must be registered with the Board and hold a current APC.

Scopes of Practice

The Board is responsible for prescribing scopes of practice for registration in the practice of podiatry. The Board has the following four scopes of practice:

Podiatrist

A registered primary health care practitioner (including those previously registered as a chiropodist) who utilises medical, physical, palliative, and surgical means other than those prescribed in the Podiatric Surgeon scope of practice, to provide diagnostic, preventative, and rehabilitative treatment of conditions affecting the feet and lower limbs.

Podiatric Surgeon

A registered primary health care practitioner who holds the scope of practice of podiatrist and is further qualified to perform foot surgery by way of sharp toe nail wedge resection; surgical correction of lesser digital deformities affecting the phalanges, metatarsals and associated structures; surgical corrections of deformities affecting the first toe, first metatarsal and associated structures; surgical correction of osseous deformities of the metatarsus, mid-tarsus, rearfoot and associated structures; surgical correction and removal of pathological subcutaneous structures such as tendinous and nervous tissues and other connective soft tissue masses of the foot.

Podiatric Radiographic Imager

A registered primary health care practitioner who holds the scope of practice of podiatrist, who is qualified to use radiological equipment, and is licensed by the Ministry of Health Office of Radiation Safety, to obtain plain radiographic images and /or fluoroscopic images of the foot, ankle, and lower leg.

Note: The Board plans to review the relevance of this older scope in the next reporting period.

Visiting Podiatrist Educator/Presenter

A visiting registered podiatrist who qualifies for the scope of practice of podiatrist, and when appropriate for their specialty area of education, also qualifies for an additional scope of practice of Podiatric Surgeon and/or Podiatric Radiographic Imager as determined by the Podiatrists Board, who is presenting short-term educational/instructional programmes requiring demonstrations or practices, of a clinical or practical nature.

Accreditation

The Podiatry Department at AUT is the sole education provider for podiatric education in New Zealand. The purpose of accreditation is to assure the quality of education and training of podiatrists in New Zealand and to promote continuous programme improvement. Regular accreditation ensures that the New Zealand podiatric education provider retains the same high standard as other providers in Australia and beyond.

AUT underwent a full accreditation assessment in May 2018, through ANZPAC. As ANZPAC was disestablished in June 2019, the Board has developed a new accreditation assessment process for New Zealand entry-level podiatry programmes for the next accreditation, due in July 2023.

Registration

Registration provides assurance to the public that a podiatrist has attained the standard of qualification, skills and competence prescribed by the Board.

The register of current practitioners is publicly available and accessible on the Board's website. It provides names, qualifications, registration numbers and dates, scopes of practice, currency of practising certificates (plus any conditions on their scope of practice) and the region in which the podiatrist is practising.

The Board previously used ANZPAC to provide qualification and skills assessments to assist the Board with its registration process of overseas trained applicants for podiatry and podiatric surgery. With the loss of ANZPAC, the Board now undertakes its own assessments for these applicants. This process includes the requirement of the Cultural Competence Open Book Examination (COBE).

Along with the ANZPAC Podiatry Competency Standards (NZ version) that the Board requires for a minimum standard of competence for registration, the Board also sets its standards and guidance in its PSPPNZ, (formerly the

Code of Practice), and its Ethical Principles & Standards of Practice. The Board are about to embark on a review of our PSPPNZ and Ethical Principles and Standard of Conduct documents. An important aspect of this review will be ensuring cultural competence and cultural safety for Māori are embedded in these documents. Alongside this, we will also be considering the compulsory cultural safety element of our CPD Recertification Policy and moving away from a time-based approach to cultural safety CPD towards a system that ensures cultural competence and cultural safety is woven across all areas of our CPD Recertification Programme.

The Trans-Tasman Recognition Act 1997 (TTMR Act) recognises Australian and New Zealand registration standards as equivalent. This allows registered podiatrists the freedom to practice in either country. Under TTMR if a podiatrist is registered as a current practitioner in Australia they are entitled to be registered and practice in New Zealand (subject to a limited right of refusal). This process will also include the requirement of a version of the Cultural Competence Open Book Examination (COBE), to be implemented within the next reporting period.

Practising Certificates

All practising podiatrists must hold a current APC, which must be renewed each year for podiatrists to be able to continue practising legally. To obtain an APC, practitioners need to assure the Board that they have maintained their competence and fitness to practice. The issue of an APC indicates to the public that the Board is satisfied that the practitioner has met the standards the Board has set.

If a practitioner does not intend to practice as a podiatrist they must apply for Inactive Maintenance (IM), which is non-practising status to remain on the register.

All practitioners on the register are required to pay the annual disciplinary levy.

Table 1: Applications for registration 01 April 2021 – 31 March 2022

	HPCAA Section	Number	Outcomes		
			Registered	Registered with conditions on scope of practice	Not Registered
Total	15	48 (38 NZ qualified 6 Overseas qualified 4 TTMRA)	47	3	1
Reasons for non-registration					
Communication including English language requirements	16 a, b	N/A			
Conviction by any court for 3 months or longer	16 c	1			
Mental or physical condition	16 d	N/A			
Professional disciplinary procedure in NZ or overseas, otherwise under investigation	16 e, f, g	N/A			
Other – danger to health and safety	16 h	N/A			

Table 2: Applications for an Annual Practising Certificate (as of 31 March 2022)

	HPCAA Section	Number	Outcomes			
			APC	*IPC with conditions on scope of practice	Interim	No APC
Total			471	3	0	0
Reasons for non-issue						
Competence	27 (1) a	0				
Failed to comply with a condition	27 (1) b	0				
Not completed required competence programme satisfactorily	27 (1) c	0		3		
Recency of practice	27 (1) d	0				
Mental or physical condition	27 (1) e	0				
Not lawfully practising within three years	27 (1) f	0				
False or misleading application	27 (3)	0				

*Interim Practising Certificate (IPC)

Competence, Fitness to Practice and Quality Assurance

Under the Act practitioners may have their competence reviewed at any time or in response to concerns about their standard of practice. A concern about competence is not a disciplinary issue, and the Board does not seek to establish guilt or fault. It aims whenever possible, to review, remediate and educate.

Recertification Programme/ Continuing Professional Development (CPD)

Under section 41 of the HPCA Act the Board has a well-established recertification programme to ensure that podiatrists practising in New Zealand are competent and fit to practise their profession.

The Board believes that one of the key elements contributing to the maintenance of a practitioner's competence is participation in CPD. The Podiatrists Board CPD Framework requires practitioner participation in various CPD activities to assure the public and Board that practitioners are up to date and have appropriately developed their knowledge and skills on an on-going basis.

A new CPD framework was introduced 1 January 2018 based on a 2-year cycle, with the last cycle closing on 31 December 2021 and audited in January 2022. The current cycle runs from 31 December 2021 to 31 December 2023 and the next audit will be conducted in January 2024.

The CPD requirements fall into the following categories:

- Compulsory (infection control, wound management and cultural safety)

- Professional communication
- Professional learning
- Basic life support (also compulsory and must include Anaphylaxis)

A minimum of 40 CPD hours (plus basic life support, (including anaphylaxis) every 2 years is now the requirement.

CPD Audit

The Board calls on up to twenty percent of practitioners each year, for a semi random audit. The CPD programme requires that practitioners must produce an Annual CPD Plan and log all their CPD hours online in their practitioner portal and upload any relevant documentation. The online CPD access also provides podiatrists returning to practice throughout the year with a pro rata calculation of how many CPD hours will be required of them for the non- compulsory categories only before the end of the cycle. This audit will also include any practitioner who has completed the Boards Return to Practice criteria, which applies to those who returned to practise during this CPD cycle with more than 3 years away from practising as a Podiatrist.

Performance

Table 3: Competence referrals

Source	HPCAA Section	Number
Health Practitioner (Under RA)	34 (1) 45 (1)	0 1
Health and Disability Commissioner	34 (2)	0
Employer	34 (3)	0
Notification received from ACC	35	5
Notification issued	35	0
Total		6

Quality Assurance Activities

The Board made no applications for activities to be protected under section 54 of the HPCAA this financial year.



The Board calls on up to twenty percent of practitioners each year, for a semi random audit.

Complaints and Discipline

The Board’s primary responsibility when receiving a complaint is the protection of the health and safety of the public.

All patients have the right to complain about a podiatrist and complaints generally fall into two broad categories:

- Those that allege the practice or conduct of a podiatrist has affected a patient, or those that do not directly involve a patient. This would include situations where the practitioner is practising outside their scope of practice, practising without an APC, or having committed a disciplinary offence or a conviction by the Courts.
- Complaints that allege a patient (consumer) has been affected, must be referred on by the Board to the Health and Disability Commissioner (HDC).

Professional Conduct Committee (PCC)

A PCC is a statutory committee appointed to investigate when an issue of practitioner conduct arises. This committee is independent of the Board. Some of the PCC expenses incurred by the Board can be refunded through its disciplinary levy fund. There is currently one ongoing PCC, involving two practitioners conducted in the last financial year.

Table 4: Complaints from various sources and outcomes

Source	Number	Outcome		
		No further action	Referred for Competence Review (on re-registration)	Referred to Professional Conduct Committee
Consumers	4	3		1
Health and Disability Commissioner				
Health Practitioner (Under RA)	2			2
Other Health Practitioner				
Courts notice of conviction				
Employer				
Other				

Health Practitioners Disciplinary Tribunal (HPDT)

The HPDT hears and decides disciplinary charges brought against registered health professionals. Charges are brought by the PCC or HDC Director of Proceedings. This tribunal operates independently to the Board but some of the HPDT expenses incurred by the Board can be refunded through its disciplinary levy fund.

There has been one HPDT conducted during the last financial year and the written decision was released in December 2021 and published on the HPDT website. The Board also published a link to that decision in our regular Newsletter to the profession, as recommended in the HPDT decision document. The practitioner was censured, and registration cancelled with costs set at 40% (\$195,000). This decision is currently under appeal, scheduled for 25 October 2022. On receipt of the written decision released in December 2021, an invoice was issued to this practitioner for \$195,000. However, as this decision is under appeal this amount cannot be established as recognised income until the Board re-establish the legal right to claim it following the appeal. Therefore, it has been written off in the FS year 2021-2022 due to the ongoing appeal and cannot be established as Doubtful debt at this stage as the income was not recognised. Once the appeal is resolved, the Board will re-issue the invoice and pursue full payment. Further information is provided on this case in the Podiatrists Board Financial Statements 2021-2022.

Judicial Reviews

Decisions of the Board may be appealed to the District Court. Practitioners may also seek to judicially review Board decisions in the High Court. The Court must assess whether in making a decision, the Board has followed its own policies and processes and that these are reasonable.

There have been no judicial reviews against decisions made by the Board in this financial year.

Linking with Stakeholders

The Board has the responsibility to:

- Communicate with the podiatric profession
- Liaise with health regulatory authorities and other stakeholders including the Ministry of Health
- Promote public awareness of the Board's role.

The Board continues to meet with key stakeholders throughout our annual meeting cycle, including representatives from AUT Department of Podiatry, Podiatry New Zealand, the Podiatry Board of Australia, ACC, other RAs, and Manatū Hauora/The Ministry of Health.

Podiatry Board of Australia

The Board enjoys a collegial relationship with the Podiatry Board of Australia and there are plans in place to host them later this year at our scheduled November 2022 Board Meeting in Wellington, to discuss many topics of mutual interest such as, regulating during the pandemic, cultural safety, professional capabilities, accreditation standards and scheduled medicines.

AUT University Podiatry Department

The Board has a good relationship with the Podiatry Department and there are regular communications regarding the podiatric curriculum, Board registration and continuing competence requirements and other matters of mutual interest. This is supported by monthly zoom meetings between the Head of Department, Podiatry, and the Board Registrar.

Manatū Hauora/The Ministry of Health


Board representatives have met with Health workforce and Manatū Hauora on numerous occasions this year on consultations and matters of mutual interest. The Board provides the results of its annual workforce survey to Health workforce which assists the Ministry for future health workforce planning. The Board has also worked closely with the National

Digital Services team this year to provide podiatrists with Common Person Numbers (CPN). CPNs are issued on receipt of health practitioner data supplied to the Health Provider Index (HPI) by the Responsible Authorities who have signed a Data Provision Agreement. These CPNs are now visible in each practitioner's CPD portal and Podiatrists can also link their My Health Accounts.

The Board has received excellent support from the Chief Allied Health Professions Officer, Office of the Chief Clinical Officers, and his team this year and the Registrar and Board representatives attend their regularly Allied Health Hui's. We have worked closely with them this year alongside all Responsible Authorities in support of ensuring accurate and timely COVID-19 advice is passed to the profession in support of public and practitioner safety.

The Board has received regular guidance from the Principal Advisor (Regulation of health professions) HealthCERT, Quality Assurance and Safety this year in support of consistent and accurate advice for this Board and the Podiatry profession.

The Board have a good working relationship with the Statutory Appointments team in the Government and Executive Services and we are working with them to ensure our next recruitment drive increases the Māori representation on our Board.



Accident Compensation Scheme (ACC)

We have an excellent working relationship with our current ACC Health Partner and liaise regularly in support of effective practitioner regulation and public safety.

Podiatry New Zealand

The Board has a close working relationship and regular communications with Podiatry New Zealand and is committed to maintaining a good working relationship for the benefit of the profession. We are currently engaging with them on numerous topics of mutual interest, including ensuring our ongoing COVID-19 response communications with the profession are consistent, timely and effective in support of patient and practitioner safety.

Responsible Authorities (RAs)

The Registrar has participated in regular all RA led Hui's this year and the Board have received tremendous support, advice, and an unwavering willingness to collaborate in support of public safety from all Responsible Authorities this year.

Practitioner Fees

Application for:	Disciplinary Levy Portion	Fee incl GST
REGISTRATION		
New Zealand qualification (including re-registration & restoration to Register)		378.00
Overseas Qualification		817.00
Trans-Tasman Mutual Recognition		817.00
Further Scope of Practice		235.00
ANNUAL PRACTISING CERTIFICATE (APC) INCLUDING DISCIPLINARY LEVY		
APC for full year 1 April to 31 March	175.00	992.00
APC if applying after 1 April and held APC in previous year	175.00	1,095.00
APC if never previously registered as a podiatrist (valid from 1 Dec until 31 March the following year)	43.75	247.75
APC for Return to Practice applicants and new Overseas Qualified Registrants (valid 1 January until 31 March of the same year)	87.50	495.50
APC with further scope of practice: Podiatric Surgery	175.00	1,167.00
APC with further scope: Podiatric Surgery & Podiatric Radiographic Imagery	175.00	1,187.00
APC with further scope/s and applying after 1 April and held APC in previous year	175.00	1,270.00
OTHER FEES		
Non-Practising Inactive Maintenance Fee	175.00	260.00
Certificate of Registration		36.00
Supply of any documents (other than Certificates of Registration)		48.00
Addition or alteration to Register (excl. change of name or address)		71.00
Inspection or copy of Register		30.00
Cultural (Open Book) Exam: Return to Practice: no prior NZ APC / Re-Registration		1,196.00
Cultural (Open Book) Exam: Return to Practice APC/ overseas qualified & prior NZ reg pre-OBE		598.00
Cultural (Open Book) Examination Re-sit		393.00
Review Fee (practitioner competence review: up to 1/3 of costs to the Board)		2,000 to 15,000

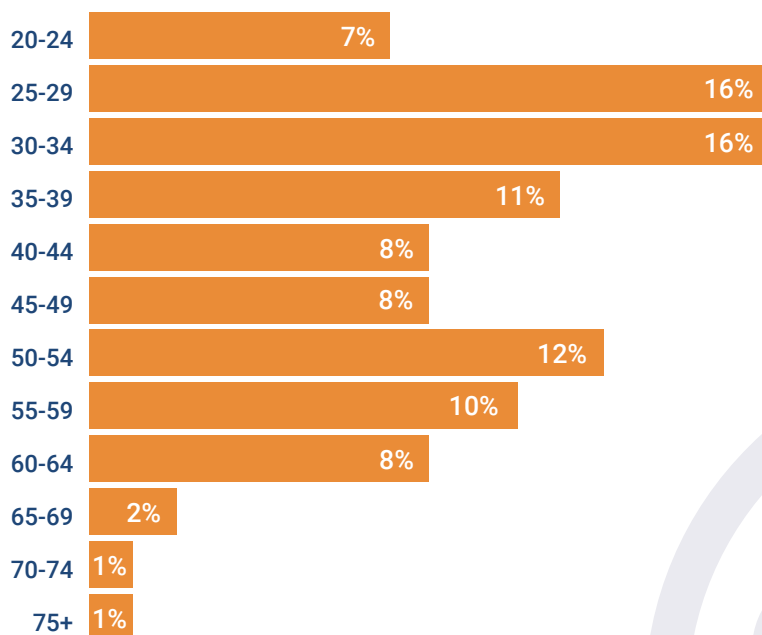
Workforce Data

Annual Practising Certificate (as of March 2022)

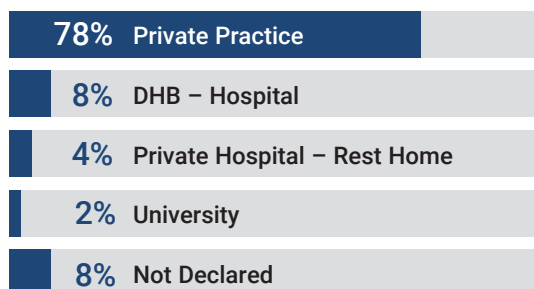
Total APC = 471



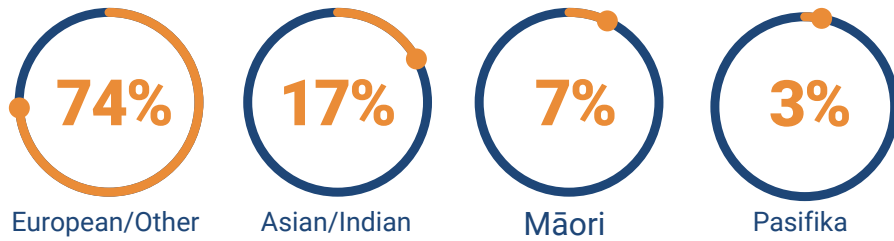
Age group analysis of NZ Podiatrists who currently hold an Annual Practising Certificate (as of March 2022)



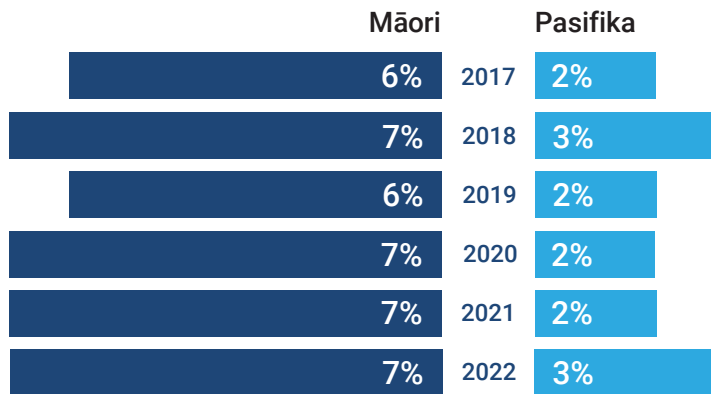
Primary setting of NZ podiatry workforce (as of March 2021)



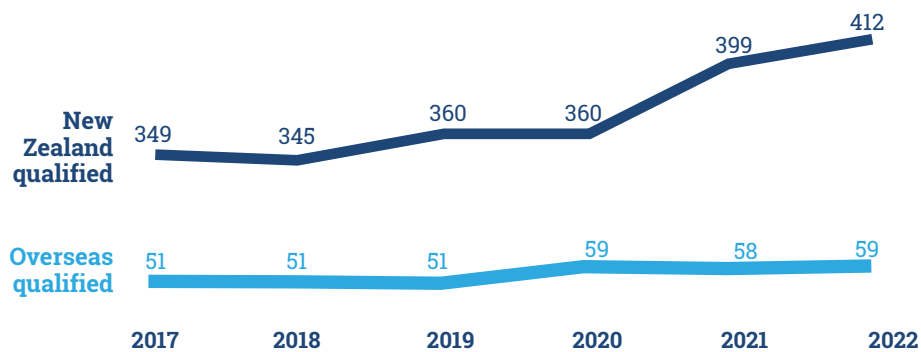
Ethnic profile of practitioners who currently hold an Annual Practising Certificate



Percentage of Māori and Pasifika practitioners with Annual Practising Certificates (2017 – 2022)



Number of NZ vs overseas qualified practitioners in the NZ podiatry workforce (2017 to 2022)



Financial Statements **2021-2022**



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**INDEPENDENT AUDITOR'S REPORT
TO THE READERS OF PODIATRISTS BOARD OF NEW ZEALAND'S
FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2022**

The Auditor-General is the auditor of Podiatrists Board of New Zealand (Podiatrists Board). The Auditor-General has appointed me, Chrissie Murray, using the staff and resources of Baker Tilly Staples Rodway Audit Limited, to carry out the audit of the Performance Report of the Podiatrists Board of New Zealand on his behalf.

Opinion

We have audited the Performance Report of the Podiatrists Board that comprise the statement of financial position as at 31 March 2022, the statement of financial performance, the statement of movement in equity and statement of cash flows for the year ended on that date and the notes to the financial statements that include accounting policies and other explanatory information.

In our opinion the Performance Report of the Podiatrists Board presents fairly, in all material respects:

- the entity information,
- its financial position as at 31 March 2022; and
- its financial performance and cash flows for the year then ended; and
- complies with generally accepted accounting practice in New Zealand and have been prepared in accordance with Public Benefit Entity Simple Format Reporting – Accrual (Public Sector)

Our audit was completed on 30 September 2022. This is the date at which our opinion is expressed.

The basis of our opinion is explained below. In addition, we outline the responsibilities of the Podiatrists Board and our responsibilities relating to the Performance Report and we explain our independence.

Basis of opinion

We carried out our audit in accordance with the Auditor-General's Auditing Standards, which incorporate the Professional and Ethical Standards and International Standards on Auditing (New Zealand) issued by the New Zealand Auditing and Assurance Standards Board. Our responsibilities under those standards are further described in the Responsibilities of the Auditor section of our report.

We have fulfilled our responsibilities in accordance with the Auditor-General's Auditing Standards.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of the Board for the Performance Report

The Board is responsible for preparing a Performance Report that is fairly presented and that complies with generally accepted accounting practice in New Zealand.

The Board is responsible for such internal control as it determines is necessary to enable the preparation of the Performance Report that is free from material misstatement, whether due to fraud or error.

In preparing the Performance Report, the Board is responsible on behalf of the Podiatrists Board for assessing the Podiatrists Board's ability to continue as a going concern. The Board is also responsible for disclosing, as applicable, matters related to going concern and using the going concern basis of accounting, unless there is an intention to liquidate the Podiatrists Board or to cease operations, or there is no realistic alternative but to do so.

The Board's responsibilities arise from the Health Practitioners Competence Assurance Act 2003.

Responsibilities of the auditor for the audit of the Performance Report

Our objectives are to obtain reasonable assurance about whether the Performance Report, as a whole, is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance but is not a guarantee that an audit carried out in accordance with the Auditor-General's Auditing Standards will always detect a material misstatement when it exists. Misstatements are differences or omissions of amounts or disclosures and can arise from fraud or error. Misstatements are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of readers taken on the basis of the Performance Report.

We did not evaluate the security and controls over the electronic publication of the Performance Report.

As part of an audit in accordance with the Auditor-General's Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. Also:

We identify and assess the risks of material misstatement of the Performance Report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

We obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Board's internal control.

We evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the governing body.

We conclude on the appropriateness of the use of the going concern basis of accounting by the governing body and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Podiatrists Board's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the Performance Report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Podiatrists Board to cease to continue as a going concern.

We evaluate the overall presentation, structure and content of the Performance Report, including the disclosures, and whether the Performance Report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the Board regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Our responsibility arises from the Public Audit Act 2001 and section 134(1) of the Health Practitioners Competence Assurance Act 2003.



Independence

We are independent of the Podiatrists Board in accordance with the independence requirements of the Auditor-General's Auditing Standards, which incorporate the independence requirements of Professional and Ethical Standard 1(Revised): Code of Ethics for Assurance Practitioners issued by the New Zealand Auditing and Assurance Standards Board.

Other than the audit, we have no relationship with, or interests in the Podiatrists Board.

A handwritten signature in blue ink, appearing to read "Chrissie Murray".

Chrissie Murray
Baker Tilly Staples Rodway Audit Limited
On behalf of the Auditor-General
Wellington, New Zealand

Entity Information

FOR THE YEAR ENDED 31 MARCH 2022

"Who are we?", "Why do we exist?"

Legal Name of Entity:

Podiatrists Board of New Zealand

Type of Entity and Legal Basis:

The Podiatrists Board of New Zealand (the Board) is a body corporate established by the Health Practitioners Competence Assurance Act 2003 (HPCAA) and is a Responsible Authority under that Act. The board is registered charity, Charity number CC34513.

Entity's Purpose or Mission:

The mission of the Board is to protect the public through effective regulation of the podiatry profession. The functions of the Board are legislated by HPCAA. The principal purpose of the Act is to protect the health and safety of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practice their professions.

The Board's functions are described in section 118 of the HPCAA:

1. Prescribe the qualifications required for scopes of practice within the profession, and for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes;
2. Authorise the registration of health practitioners under the Act, and to maintain registers;
3. Consider applications for annual practising certificates (APCs);
4. Review and promote the competence of health practitioners;
5. Recognise, accredit and set programmes to ensure the ongoing competence of health practitioners;
6. Receive and act on information from health practitioners, employers and the Health and Disability Commissioner about the competence of health practitioners;
7. Notify employers, the ACC, the Director-General of Health, and the Health and Disability Commissioner that the practise of a health practitioner may pose a risk of harm to the public;

8. Set standards of clinical competence, cultural competence, and ethical conduct to be observed by health practitioners of the profession, and to consider the cases of practitioners who may be unable to perform the functions required for practice of the profession;
9. Promote education and training in the profession;
10. Promote public awareness of the responsibilities of the authority;
11. Liaise with other authorities and to carry out other functions, powers and duties that are conferred or imposed on it by the HPCA Act or other enactments.

Entity Structure:

The Board has seven (7) members. Five (5) podiatrists and two (2) lay members to represent public interests. Board Members are appointed by the Minister of Health.

Main Sources of the Entity's Cash and Resources:

The board has received its main income from APC fees paid by registered podiatrists.

Additional Information:

Vision – The podiatry profession practises in a way that maximises public well-being through its emphasis on being competent, safe, adaptable and ethical.

General Description of the Entity's Outputs:

To protect the health and safety of members of the public by providing for mechanisms to ensure that podiatrists are competent and fit to practise.

Contact Details:

Physical Address:

Level 5, 22 Willeston Street,
Wellington

Phone: (04) 474 0706

Email: registrar@podiatristsboard.org.nz

Website: ww.podiatristsboard.org.nz

PODIATRISTS BOARD OF NEW ZEALAND

Statement of Financial Performance

FOR THE YEAR ENDED 31 MARCH 2022

"How was it funded?" and "What did it cost?"

	Note	2022 \$	2021 \$
REVENUE			
APC Fees		353,193	326,173
Disciplinary Levy		79,283	71,636
Examination Fees		6,240	1,040
Registration Fees		18,556	21,949
Non-Practising Fees		2,070	887
Other Income		309	4,042
Interest		4,442	11,601
Total Revenue		464,091	437,327
EXPENDITURE			
Board & Committees	1	78,299	88,955
Secretariat	2	273,500	270,972
Disciplinary	3	138,887	241,426
Total Expenditure		490,686	601,353
Net Surplus/(Deficit)		(26,595)	(164,026)

PODIATRISTS BOARD OF NEW ZEALAND

Statement of Movement in Equity

FOR THE YEAR ENDED 31 MARCH 2022

	Note	2022 \$	2021 \$
Accumulated Funds at the beginning of period		233,934	397,960
Net Surplus/(Deficit) for the Period		(26,595)	(164,026)
Accumulated Funds at the end of period	4	207,339	233,934

The accompanying notes form part of these financial statements

Statement of Financial Position

AS AT 31 MARCH 2022

"What the entity owns?" and "What the entity owes?"

	Note	2022 \$	2021 \$
Equity		207,339	233,934
Current Assets			
Cash & Bank		199,146	200,228
Investments & Term Deposits		497,495	630,870
Accounts Receivable		1,500	3,188
Accrued Interest		1,289	1,856
Prepayments		5,751	6,216
Total Current Assets		705,180	842,359
Non-Current Assets			
Property, Plant and Equipment	5	2,050	3,536
Intangible Assets	6	2,386	5,899
Total Assets		709,616	851,793
Current Liabilities			
Goods and Services Tax		49,722	31,560
Accounts Payable	7	51,094	205,658
Income in Advance	9	401,461	380,641
Total Current Liabilities		502,277	617,858
Total Liabilities		502,277	617,858
Net Assets		207,339	233,934

For and on Behalf of the Board.



Chairperson
Date: 30/09/2022



Belinda Ihaka, Deputy Chair
Date: 30/09/2022

The accompanying notes form part of these financial statements

Statement of Cash Flows

FOR THE YEAR ENDED 31 MARCH 2022

"How the entity has received and used cash"

	2022 \$	2021 \$
Cash Flows from Operating Activities		
<i>Cash Was Received From:</i>		
Statutory Fees and Levies	454,984	456,556
Registration Income	20,934	22,877
Other Fees	6,240	1,040
Interest Revenue	2,875	3,321
<i>Cash Was Applied to:</i>		
Payments to Suppliers & Employees	(621,625)	(451,119)
Net Cash Flows from Operating Activities	(136,592)	32,675
Cash Flows from Investing and Financing Activities		
<i>Cash was received from:</i>		
Short-term Investments	415,861	182,888
Proceeds from Loan	0	0
<i>Cash was applied to:</i>		
Purchase of Fixed Assets	0	(4,216)
Short-term Investments	(280,351)	(410,000)
Net Cash Flows from Investing and Financing Activities	135,510	(231,328)
Net Increase / (Decrease) in Cash	(1,083)	(198,653)
Opening Cash Brought Forward	200,228	398,881
Closing Cash Carried Forward	199,146	200,228
Represented by:		
Cash and Cash Equivalents	199,146	200,228

The accompanying notes form part of these financial statements

Statement of Accounting Policies

FOR THE YEAR ENDED 31 MARCH 2022

"How did we do our accounting?"

BASIS OF PREPARATION

The Board is a body corporate established by the Health Practitioners Competence Assurance Act 2003 (HPCAA) and is a Responsible Authority under that Act.

The financial statements have been prepared in accordance with generally accepted accounting practice in New Zealand (NZ GAAP) and have been prepared on the basis of historical cost.

The Board has elected to apply PBE SFR-A (PS) Public Benefit Entity Simple Format Reporting - Accrual (Public Sector) on the basis that it does not have public accountability and has total annual expenses of equal to or less than \$2,000,000. All transactions in the Performance Report are reported using the accrual basis of accounting. The Performance Report is prepared under the assumption that the entity will continue to operate in the foreseeable future.

SPECIFIC ACCOUNTING POLICIES

Cash, Bank and Bank Deposits

Cash, Bank and Bank Deposits includes petty cash, deposits at cheque and savings account with banks.

Investments

Investments are recognised at cost. Investment income is recognised on an accrual basis where appropriate.

Receivables

Receivables are stated at estimated realisable values.

Interest Revenue

Interest revenue is recognised as it is earned, using the effective interest method.

Property, plant & equipment

Initially stated at cost and depreciated as outlined below. Initial cost includes the purchase consideration plus any costs directly attributable to bringing the asset to the location and condition required for its intended use.

Assets are written down immediately if any impairment in the value of the asset causes its recoverable amount to fall below its carrying value.

Intangible Assets

Intangible Assets comprise non-physical and non-financial assets which have a benefit to the Board for periods extending beyond the year the costs are incurred.

Amortisation

Intangible assets are amortised over the period of benefit to the Board at the following rate:

Website/Database

2-10 years straight line.

Depreciation

Depreciation of property, plant & equipment is charged at the following rates:

Office furniture & equipment

20% – 50% Straight Line Method

Computer equipment

20% – 50% Straight Line Method

Office Refit

20% Straight Line Method

Taxation

The Board is exempt from Income Tax because it is a registered charity.

Income recognition

Fees received for the issue of APCs and register maintenance are recognised in the year to which the fees relate. All other fees are recognised on receipt.

Goods & Services Tax

The board is registered for GST, and all amounts are stated exclusive of Goods & Services Tax (GST), except for receivables and payables that are stated inclusive of GST.

CHANGES IN ACCOUNTING POLICIES

All policies have been applied on a consistent basis with those used in previous years.

Notes to the Performance Report

FOR THE YEAR ENDED 31 MARCH 2022

	Note	2022 \$	2021 \$
1. Board & Committees			
Fees		62,803	68,288
Meeting expenses, training & travel		15,496	20,667
		78,299	88,955
2. Secretariat			
Audit fees		6,766	6,944
Depreciation & amortisation	8	4,998	11,493
Telephone, Postage & Printing and Stationery		3,923	3,695
Occupancy costs		17,362	12,725
Other costs		33,301	25,539
Personnel		172,978	115,240
Legal fees		18,145	18,823
Professional fees		16,027	76,512
		273,500	270,972
3. Disciplinary Expenses			
PCC Investigation Expense		365	10,833
HPDT Hearing Expense		138,523	230,593
		138,887	241,426
4. Equity			
General Operating Reserve		252,894	219,885
Disciplinary Reserve		-45,555	14,050
		207,339	233,934

Notes to the Performance Report

FOR THE YEAR ENDED 31 MARCH 2022

	Opening cost	Current year additions	Current year disposals	Accumulated Depreciation	Closing carrying value
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5. Property, Plant & Equipment

At 31 March 2022

Office furniture & equipment	5,907	0	0	(5,907)	0
Computer equipment	12,881	0	0	(10,831)	2,050
Office Refit	8,467	0	0	(8,467)	0
	27,255	0	0	(25,205)	2,050

At 31 March 2021

Office furniture & equipment	5,907	0	0	(5,907)	0
Computer equipment	8,665	4,216	0	(9,345)	3,536
Office Refit	8,467	0	0	(8,467)	0
	23,039	4,216	0	(23,719)	3,536

6. Intangible Assets

At 31 March 2022

Database Software and Website	63,623	0	0	(61,237)	2,386
	63,623	0	0	(61,237)	2,386

At 31 March 2021

Database Software and Website	63,623	0	0	(57,725)	5,899
	63,623	0	0	(57,725)	5,899

Notes to the Performance Report

FOR THE YEAR ENDED 31 MARCH 2022

	2022 \$	2021 \$
7. Accounts Payable & Provisions		
Accounts payable	20,679	178,520
Accrued payable	8,123	7,160
PAYE/WHT	5,453	14,646
KiwiSaver deductions payable	762	752
Leave entitlements	13,307	3,020
Payroll accrual	2,770	1,559
	51,094	205,658
8. Depreciation & Amortisation		
Depreciation has been charged against:		
Office furniture & equipment	0	1,083
Computer equipment	1,486	1,078
Office Refit	0	1,552
	1,486	3,714
Amortisation of intangible assets		
Database Software and Website	3,513	7,779
	3,513	7,779
Total Depreciation & Amortisation	4,998	11,493
9. Income in Advance		
Fees received relating to next year		
APC fees-income in advance	326,037	310,223
Disciplinary Levies-received in advance	73,576	69,087
Inactive registration fees	1,848	1,330
	401,461	380,641

10. Credit Card Facility

Two credit cards with the limit of \$10,000 are held with Westpac.

Notes to the Performance Report

FOR THE YEAR ENDED 31 MARCH 2022

	2022 \$	2021 \$
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11. Commitments

The Board have an agreement with Nursing Council of New Zealand for the provision of back office corporate services. The Service Level Agreement is for a period of five years. The future estimated commitments based on the expected costs including in this agreement are: Property \$12,996; Corporate Services \$21,994; Total \$34,960 per year.

Due in 1 year	21,994	21,994
Due between 1-2 years	21,994	21,994
Due between 2-5 years	40,323	62,317
	84,311	106,305

Contractual commitments for operating leases of premises Level 5, 22 Willeston Street, Wellington.

Due in 1 year	12,966	10,363
Due between 1-2 years	12,966	12,966
Due between 2-5 years	23,772	36,738
	49,704	60,067

The figures disclosed above reflect the Board's rent, as currently payable. The lease agreement is in the name of Nursing Council of New Zealand.

12. Capital Commitments

There are no capital commitments at balance date. (2021: \$Nil)

13. Contingent Liabilities

There are no contingent liabilities at balance date. (2021: \$Nil)

Notes to the Performance Report

FOR THE YEAR ENDED 31 MARCH 2022

	2022 \$	2021 \$
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14. Related Party Transactions

The remuneration paid includes honoraria and board fees for attendance at board meetings and other board activities. Total remuneration paid to the Board Members during the year is as follows.

Matthew Carroll (Chairperson from 13 Feb 2021)	26,600	9,018
Belinda Ihaka (Deputy Chair from 13 Feb 2021)	9,075	5,596
Christopher Rewi-Wetini (Board member, appointed 09 Apr 2020)	5,175	5,280
Rebecca Holbrook (Board member, appointed 09 Apr 2020)	3,825	4,200
Elson Ng (Board member, appointed 15 Sep 2021)	2,228	5,600
Stephen York (Board member, re-appointed 09 Apr 2020)	5,475	5,600
Kellie McGrath (Lay member, appointed 16 Mar 2021)	5,100	0
Alex Delany (Lay member, appointed 15 Sep 2021)	2,325	0
Fiona Angus (Board member, finished 15 Sep 2021)	3,000	30,538
Helen Wild (Board member, finished 04 Apr 2020)	0	750
Leigh Shaw (Board member, finished 09 Apr 2020)	0	820
	62,803	67,403

15. Events After Balance Date

There were no events that have occurred after balance date that would have a material impact on these financial statements.

16. Shared Services

In 2015/16, Nursing Council of New Zealand, Occupational Therapy Board of New Zealand, Podiatrists Board of New Zealand, Dietitians Board, Midwifery Council of New Zealand, Psychotherapists Board of Aotearoa New Zealand, Osteopathic Council of New Zealand, Chiropractic Board, Psychologist Board, and Optometrists & Dispensing Opticians Board entered into an agreement to co-locate to 22 Willeston Street, Wellington. The lease agreement for 22 Willeston Street (signed solely by Nursing Council of New Zealand) is ongoing and renewed for three years from 01 February 2021 to 01 February 2024.

To facilitate the management of shared resources, including a joint lease agreement for office rental purposes and corporate supports, the ten RAs entered into an agreement for the provision of corporate services.



Contacting the Board

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PO Box 9644, Wellington,
New Zealand 6141

Physical Address:

Level 5, 22 Willeston Street,
Wellington, New Zealand 6011

Email:

registrar@podiatristsboard.org.nz
(Registrar)

admin@podiatristsboard.org.nz
(Registration and Recertification Officer)

Website: www.podiatristsboard.org.nz

Phone:

Registrar
(04) 474 0706 /+64 4 474 0706

Registration and Recertification Officer
(04) 918 4726 /+64 4 918 4726